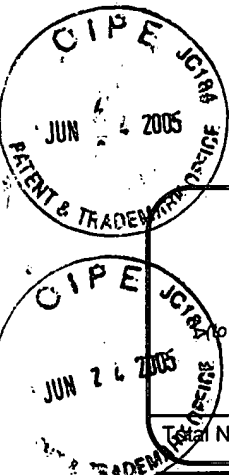


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		Filing Date	March 22, 2004
		First Named Inventor	M. SULLIVAN
		Art Unit	3711
		Examiner Name	R. GORDON
Total Number of Pages in This Submission	7	Attorney Docket Number	20002.0402

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">REQUEST FOR CHANGE IN ATTORNEY DOCKET NUMBER</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name	Stephanie D. Scruggs, Re. No. 54,432 Swidler Berlin LLP			
Signature				
Date	June 24, 2005			

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